

Gallbladder Volvulus with segmental right liver lobe hypoplasia/ atrophy: A preoperative diagnostic dilemma- Syed Muhammad Ali- Hamad Medical Corporation

Syed Muhammad Ali

Hamad Medical Corporation, Qatar

Gallbladder Volvulus (GBV) due to rotation of the gallbladder (GB) around its own mesentery, is rare surgical emergency and often identified intraoperatively. Typically, cholecystitis is the initial clinical diagnosis but a high index of suspicion on imaging can alert the physician for the possibility of GBV requiring urgent surgical intervention. We describe a case of a young female patient with hypoplasia/atrophy of posterior segment of right liver lobe and a GB with no hepatic attachments but only mesenteric pedicle; an anatomical variant combination which has not been classified before. She presented with first episode of sudden onset severe right subcostal pain. The ultrasonogram and magnetic resonance cholangiopancreatogram findings were suggestive of GBV. She underwent laparoscopic exploration that confirmed GBV of a free-floating GB with a thrombosed cystic artery. The GB was detorted and cholecystectomy was performed. She had an uneventful postoperative course and was discharged with no complications. Histopathologic examination showed intramural hematoma of GB with wall necrosis.

Gallbladder volvulus (GBV) because of pivot of the nerve bladder (GB) around its own mesentery is an uncommon careful crisis. This condition is regularly recognized intraoperatively, and under 10% are analyzed preoperatively. High clinical doubt is the main instrument which can assist a clinician with placing this uncommon conclusion in his rundown of differentials. Despite the fact that there are four sorts of anatomical irregularities portrayed as of not long ago, the patient revealed in this article has both sort 1 and type 2 anomalies which have never been accounted for in the writing and can be considered as a subtype of both of the two kinds or another sort (type 5) by and large. The segmental right projection hypoplasia/decay is unexplained as there is no set of experiences of youth injury or liver sicknesses. In-utero affront to the liver is precluded as there is away from of the entryway frameworks.